

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA**

\* \* \*

SAMANTHA KEEN,

Plaintiff,

v.

NANCY A. BERRYHILL,  
Commissioner of Social Security  
Administration,

Defendant.

Case No. 2:19-cv-00561-RFB-EJY

**ORDER**

**I. INTRODUCTION**

Before the Court is Plaintiff Samantha Keen's Motion for Remand, ECF No. 11 and Defendant Nancy A. Berryhill's Cross-Motion to Affirm, ECF No. 18.

For the reasons discussed below, the Court finds that the ALJ's opinion is not supported by substantial evidence and contains legal error that is not harmless. Therefore, the Court grants Plaintiff's motion and remands to Defendant for an award of benefits.

**II. BACKGROUND**

On August 19, 2014, Plaintiff filed her application for disability insurance benefits alleging disability since July 8, 2013. AR 274-75. Plaintiff's application was initially denied and upon reconsideration. AR 205-08, 212-14. Plaintiff then requested and attended a hearing before an Administrative Law Judge ("ALJ"). AR 134-63. On May 22, 2018, the ALJ found Plaintiff not disabled within the meaning of the Social Security Act. AR 35-43. The Appeals Council denied Plaintiff's request for review on January 28, 2019, rendering the ALJ's decision final. AR 1-7. On April 3, 2019, Plaintiff timely sought judicial review pursuant to 42 U.S.C. Section § 405(g). ECF No. 1.

1           The ALJ followed the five-step sequential evaluation process for  
2 determining Social Security disability claims set forth at 20 C.F.R. § 404.1520(a)(4). At step one,  
3 the ALJ found that Plaintiff has not engaged in substantial gainful activity since her alleged onset  
4 date of July 8, 2013 through her date last insured of December 31, 2017. AR 37. At step two, the  
5 ALJ found that Plaintiff has the following impairments: Lyme disease, chronic fatigue syndrome,  
6 Epstein Barre Disease, Ehler Danlos syndrome, migraine headaches, and peripheral neuropathy.  
7 AR 37-39. At step three, the ALJ found that Plaintiff's impairments do not meet or medically equal  
8 a listed impairment. AR 39.

9           The ALJ found that Plaintiff has the residual functional capacity ("RFC") to perform the  
10 requirements of her past relevant work pursuant to 20 CFR § 404.1520(f). The ALJ found that  
11 Plaintiff can lift and carry ten pounds occasionally, five pounds frequently, stand and/or walk for  
12 two hours in an 8-hour workday, and sit for six hours in an 8-hour workday. AR 41-42. The ALJ  
13 also found that she was unable to climb ladders, ropes or scaffolds; was able to occasionally climb  
14 ramps and stairs, balance, stoop, kneel, crouch and crawl; and needed to avoid work at heights or  
15 around dangerous moving machinery. Id. Based on this RFC, the ALJ found at step four that  
16 Plaintiff can perform her past relevant work as an account clerk, night auditor, office manager, and  
17 as a retail administrative assistant. AR 42-43.

### 18 19           **III. LEGAL STANDARD**

20           42 U.S.C. § 405(g) provides for judicial review of the Commissioner's disability  
21 determinations and authorizes district courts to enter "a judgment affirming, modifying, or  
22 reversing the decision of the Commissioner of Social Security, with or without remanding the  
23 cause for a rehearing." In undertaking that review, an ALJ's "disability determination should be  
24 upheld unless it contains legal error or is not supported by substantial evidence." Garrison v.  
25 Colvin, 759 F.3d 995, 1009 (9th Cir. 2014) (citation omitted). "Substantial evidence means more  
26 than a mere scintilla, but less than a preponderance; it is such relevant evidence as a reasonable  
27 person might accept as adequate to support a conclusion." Id. (quoting Lingenfelter v. Astrue, 504  
28 F.3d 1028, 1035 (9th Cir. 2007)) (quotation marks omitted).

“If the evidence can reasonably support either affirming or reversing a decision, [a reviewing court] may not substitute [its] judgment for that of the Commissioner.” Lingenfelter, 504 F.3d at 1035. Nevertheless, the Court may not simply affirm by selecting a subset of the evidence supporting the ALJ’s conclusion, nor can the Court affirm on a ground on which the ALJ did not rely. Garrison, 759 F.3d at 1009–10. Rather, the Court must “review the administrative record as a whole, weighing both the evidence that supports and that which detracts from the ALJ’s conclusion,” to determine whether that conclusion is supported by substantial evidence. Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995).

The Social Security Act has established a five-step sequential evaluation procedure for determining Social Security disability claims. See 20 C.F.R. § 404.1520(a)(4); Garrison, 759 F.3d at 1010. “The burden of proof is on the claimant at steps one through four, but shifts to the Commissioner at step five.” Garrison, 759 F.3d at 1011. Here, the ALJ resolved Plaintiff’s claim at step four, as the ALJ found that the Plaintiff was capable of performing her past relevant work. AR 42.

#### IV. DISCUSSION

##### a. Medical Evidence Opinions

###### 1. Consultative Examiner Dr. Maria Doncaster

Plaintiff claims the ALJ improperly gave little weight to Dr. Doncaster’s finding that Plaintiff would be limited to unskilled work, and that the ALJ failed to specifically identify what in the record was inconsistent with Dr. Doncaster’s opinion. ECF No. 11 at 6, AR 38-39. Defendants assert that ALJs must evaluate medical opinions for their consistency, and there was “simply no evidence supporting any of the doctor’s assessed mental limitations.” ECF No. 18 at 3.

The Court finds that the ALJ erred in affording little weight to Dr. Doncaster’s conclusion that Plaintiff was limited to simple instructions. It is not inconsistent to be able maintain good eye contact, speak articulately, drive to one’s appointment, and not take any psychotropic medications—all which Dr. Doncaster noted in Plaintiff’s examination—and also suffer mental

1 impairments that prevents one from sustained employment. AR 475-78. The ALJ states that but  
 2 for the finding that Plaintiff is only able to carry out simple instructions, “great weight is given to  
 3 the remainder of Dr. Doncaster’s opinion.” AR 39. Upon reviewing Dr. Doncaster’s mental status  
 4 report, the Court finds that the remainder of her report supports the conclusion the ALJ put little  
 5 weight on the finding that Plaintiff would be able to carry out simple instructions, but not complex  
 6 instructions on a sustained basis. AR 475-78. While finding that Plaintiff can do simple math and  
 7 has a general base of knowledge, Dr. Doncaster also diagnoses Plaintiff with an unspecified  
 8 depressive disorder and states, “It is important to note that she looked visibly tired at the end of  
 9 the assessment,” and “Samantha appears to tire after focusing and concentrating for about an hour.”  
 10 AR at 475, 477-78. Dr. Doncaster’s conclusion that Plaintiff is only able to carry out limited  
 11 instructions is not inconsistent with Dr. Doncaster’s other findings.

12 The Court finds that this error is not harmless. Dr. Doncaster’s opinion about Plaintiff’s  
 13 ability to carry out instructions on a sustained basis contributes to step four of the sequential  
 14 analysis and whether Plaintiff can perform skilled work. The jobs the ALJ found that Plaintiff  
 15 could return to, such as office manager and retail administrative assistant, are described in the DOT  
 16 as skilled jobs. AR 159-62. However, if Dr. Doncaster’s opinion is properly considered, Plaintiff  
 17 would be unable to perform these jobs. AR 42.

## 18 *2. Treating Physician Dr. James Gabroy*

19 Plaintiffs argue that the ALJ did not provide clear, convincing, specific, and legitimate  
 20 reasons for giving Dr. Gabroy’s opinion little weight. ECF No. 11 at 7. They further take issue  
 21 with the ALJ’s statement that “...the record revealed that the claimant’s allegedly disabling  
 22 impairment[s] were relatively well controlled with treatment,” arguing that this conclusion does  
 23 not fully capture the impairments’ physical and mental effects. *Id.*, AR 41. Defendants state that  
 24 Dr. Gabroy’s treatment records do not support his conclusion of an individual unable to sustain  
 25 sedentary work activity. ECF No. 18 at 4. They also assert that Dr. Gabroy’s records and other  
 26 records, such as that of state agency physician Dr. Mayenne Karelitz, “consistently showed an  
 27 individual whose symptoms and impairments are significantly helped and improved through  
 28 treatment, such that the ALJ reasonably deemed Dr. Gabroy’s disability opinion unjustified.” *Id.*

1 at 5, AR 174-76.

2 The Court finds that the ALJ erred in affording treating physician Dr. Gabroy's opinion  
3 little weight. "The ALJ is responsible for determining credibility, resolving conflicts in medical  
4 testimony, and for resolving ambiguities." Andrews v. Shalala, 53 F.3d 1035, 1039 (9th Cir.  
5 1995). When reviewing the assignment of weight and resolution conflicts in medical testimony,  
6 the Ninth Circuit distinguishes the opinions of three types of physicians: (1) treating physicians;  
7 (2) examining physicians; (3) neither treating nor examining physicians. Lester v. Chater, 81 F.3d  
8 821, 830 (9th Cir. 1995). The treating physician's opinion is generally entitled to more  
9 weight. Id.

10 If a treating physician's opinion or conclusion is not contradicted by another physician, "it  
11 may be rejected only for 'clear and convincing' reasons." Id. However, when the treating  
12 physician's opinion is contradicted by another physician, the Commissioner may reject it by  
13 "providing 'specific and legitimate reasons' supported by substantial evidence in the record for so  
14 doing." Id.

15 A treating physician's opinion is still owed deference if contradicted and is often "entitled  
16 to the greatest weight . . . even when it does not meet the test for controlling weight." Orn v.  
17 Astrue, 495 F.3d 625, 633 (9th Cir. 2007). Because a treating physician has the greatest  
18 opportunity to observe and know the claimant as an individual, the ALJ should rely on  
19 the treating physician's opinion. Murray v. Heckler, 722 F.2d 499, 502 (9th Cir. 1983).

20 When a treating physician's opinion is not assigned controlling weight, the ALJ considers  
21 specific factors in determining the appropriate weight to assign the opinion. Orn, 495 F.3d at 631.  
22 The factors include the length of the treatment relationship and frequency of examination; the  
23 nature and extent of the treatment relationship; the amount and quality of evidence supporting the  
24 medical opinion; the medical opinion's consistency with the record as a whole; the specialty of the  
25 physician providing the opinion; and, other factors which support or contradict the opinion. Id.;  
26 10 C.F.R § 404.1527(c). The ALJ must provide a "detailed and thorough summary of the facts  
27 and conflicting clinical evidence, stating his interpretation thereof, and [make] findings" rather  
28 than state mere conclusions for dismissing the opinion of a treating physician. Reddick v. Chater,

1 157 F.3d 715, 725 (9th Cir. 1998). The ALJ errs when he fails to explicitly reject a medical  
2 opinion, fails to provide specific and legitimate reasons for crediting one medical opinion over  
3 another, ignores or rejects an opinion by offering boilerplate language, or assigns too little weight  
4 to an opinion without explanation for why another opinion is more persuasive. Garrison, 759 F.3d  
5 at 1012–13.

6 Here, Dr. Gabroy is Plaintiff’s treating physician, and as a general rule, his opinion is  
7 entitled to more weight than the opinions of other non-treating and non-examining doctors. Lester,  
8 81 F.3d at 830. Even where a non-treating and non-examining doctor’s opinion contradicts the  
9 opinion of a treating doctor, the treating doctor’s opinion cannot be rejected absent “‘specific and  
10 legitimate reasons’ supported by substantial evidence in the record.” Id. (quoting Murray, 722  
11 F.2d at 502).

12 The Court finds that the ALJ did not provide specific and legitimate reasons for affording  
13 Dr. Gabroy’s opinion little weight, especially where Dr. Gabroy presented specific evidence  
14 supporting his opinion. AR 41. First, according to Dr. Gabroy’s testimony, Plaintiff’s symptoms  
15 include fatigue, cognitive impairment, brain fog, and overstimulation that would result in an  
16 inability to concentrate for more than 2 total hours in an 8-hour day. AR 688. Dr. Gabroy also  
17 notes that Plaintiff would most likely be absent from work more than four days per month and take  
18 more than two unscheduled 15-20 minute breaks in an 8-hour day. Id. If Dr. Gabroy’s opinion is  
19 taken with the appropriate weight afforded to a treating physician, it would establish that Plaintiff  
20 could not sustain employment given her need for repeated breaks and inability to concentrate more  
21 than a limited time for short bursts. This finding is only strengthened when considering Dr.  
22 Gabroy’s opinion in conjunction with Dr. Doncaster’s opinion.

23 Defendants assert Dr. Gabroy’s treatment records show him regularly ordering monitoring  
24 and maintenance of Plaintiff’s current medication which contradicts Dr. Gabroy’s total disability  
25 opinion. ECF No. 18 at 4. Dr. Gabroy submitted a treating physician medical source statement  
26 regarding residual functional capacity, dated August 7, 2015 (AR 687-93), primary care records  
27 dated March 1, 2015 to April 8, 2016 (AR 809-17), and office treatment records dated July 9, 2015  
28 to May 2, 2017 (AR 877-915). The ALJ did not specify the inconsistencies in Dr. Gabroy’s

1 treatment records and his overall disability opinion. The Court's review of the longitudinal record  
2 reveals that Dr. Gabroy's orders to continue Plaintiff's medications for impairments like  
3 hypotension, coagulopathy, and Lyme disease is consistent with his treatment goal of controlling  
4 Plaintiff's symptoms. AR 877-84. If she did not take this treatment and follow Dr. Gabroy's  
5 recommendations, Plaintiff's symptoms would likely worsen. Therefore, the Court finds that the  
6 ALJ's reason to give little weight to Dr. Gabroy's opinion is not legitimate.

7 Third, Defendants claim that that Plaintiff's treatment helps her control her impairments  
8 and symptoms so well that Dr. Gabroy's disability opinion is unjustified. ECF No. 14 at 4. The  
9 Court finds that even though Plaintiff's impairments may be responding well to treatment, that is  
10 not a legitimate reason for the ALJ to give little weight to Dr. Gabroy's opinion about Plaintiff's  
11 overall ability to perform sustained work. Dr. Gabroy's treatment records show that even with  
12 treatment, Plaintiff still suffers from ailments like arrhythmia, muscular pain, and severe fatigue  
13 that impacts the analysis of whether Plaintiff can perform sustained work. AR 687-688, 879.

14 The Court thus finds that the error to give Dr. Gabroy's opinion little weight is not  
15 harmless. In his RFC statement, Dr. Gabroy opined that Plaintiff needs to take extra breaks, has  
16 limited ability to stand or walk for sustained periods of time, and would likely to be absent more  
17 than four days a month. AR 687-88. All of this is substantive evidence indicating inability to  
18 sustain competitive employment.

## 19 **b. Plaintiff & Lay Witness Testimony**

### 20 *1. Plaintiff's Testimony*

21 Plaintiff argues that it was improper for the ALJ to discredit Plaintiff's testimony because  
22 she testified to being able to complete some household activities. ECF No. 11 at 9-10. Further,  
23 Plaintiff says the ALJ erred by not providing specific reasons to discount Plaintiff's testimony due  
24 to alleged inconsistencies between her testimony and the medical record. *Id.* Defendant states the  
25 ALJ drew reasonable inferences from the medical records and Plaintiff's testimony, and that the  
26 described physical and mental findings and abilities are inconsistent with total disability. ECF No.  
27 18 at 5-6.

28 As the ALJ did not find evidence of malingering, the ALJ may only reject Plaintiff's

1 testimony regarding the severity of her symptoms with specific, clear, and convincing  
2 reasons. Garrison, 759 F.3d at 1014–15. “The clear and convincing standard is the most  
3 demanding required in Social Security cases.” Id. at 1015 (quoting Moore v. Comm’r of Soc. Sec.  
4 Admin., 278 F.3d 920, 924 (9th Cir. 2002)). The ALJ must identify with specificity “what  
5 testimony is not credible and what evidence undermines the claimant’s complaints.” Lester v.  
6 Chater, 81 F.3d 821, 834 (9th Cir. 1995), as amended (Apr. 9, 1996).

7 The Court finds that the ALJ’s conclusion that Plaintiff’s “statements concerning the  
8 intensity, persistence and limiting effects of these symptoms are not entirely consistent with the  
9 medical evidence and other evidence in the record for the reasons explained in this decision” does  
10 not overcome the “clear and convincing standard.” AR 40. Therefore, it was and is not appropriate  
11 to disregard Plaintiff’s testimony.

12 First, the ALJ’s reasoning is not specific. The ALJ fails to explain what lack of abilities,  
13 and what clinical and laboratory abnormalities one would expect if Plaintiff were in fact totally  
14 disabled by Lyme disease, chronic fatigue syndrome, Epstein Barre Disease, Ehler Danlos  
15 syndrome, migraine headaches, and peripheral neuropathy. Further, the ALJ states that Plaintiff’s  
16 medical records contradict her expressed symptoms in that the records do not support her claims  
17 of depression and anxiety. ECF No. 18 at 7. However, there are mental health notes from 2014 and  
18 2015 in Plaintiff’s records, such as that from Sabrina Santa Clara, a therapist at Oasis Counseling,  
19 that document Plaintiff’s depression and anxiety. AR 616-23. On a March 3, 2015 visit, the  
20 therapist notes, “Client has a wide variety of medical and psychological symptoms related to the  
21 lymes disease. Anxiety and feelings of guilt predate lymes, but have intensified. Depressive  
22 symptoms new since lyme as is social anxiety (stores, being out of home), sleep disturbances.” AR  
23 618.

24 Moreover, Defendant’s assertion that Plaintiff’s complaints contradict medical evidence  
25 appears to be based on a misunderstanding of the nature of depression. “[D]epression is a complex  
26 and highly idiosyncratic phenomenon that often waxes and wanes, eluding neat description.”  
27 Morgan v. Comm’r of Soc. Sec. Admin., 169 F.3d 595, 605 (9th Cir. 1999). It is not the type of  
28 disorder that can be diagnosed by a laboratory test. The Court thus finds that the ALJ’s statements



1 as to why it is appropriate to disregard Plaintiff's testimony is not clear and convincing given the  
2 record in this case.

3 The ALJ also did not give a clear or convincing reason for finding that Plaintiff's self-  
4 reported abilities to perform tasks such as feeding her pets or folding the laundry contradict her  
5 alleged limitations to sustain full-time employment. AR 52. "The Social Security Act does not  
6 require that claimants be utterly incapacitated to be eligible for benefits, and many home activities  
7 may not be easily transferable to a work environment." Smolen v. Chater, 80 F.3d 1273, 1284 n.7  
8 (9th Cir. 1999). See Garrison, 759 F.3d at 1016 ("[I]mpairments that would unquestionably  
9 preclude work and all the pressures of a workplace environment will often be consistent with doing  
10 more than merely resting in bed all day."). Plaintiff's testimony about how and how often she  
11 goes to the grocery store with her husband or prepares food in the microwave is consistent with  
12 her expressed limitations. AR 476. For example, in Plaintiff's testimony, she states that she  
13 implemented accommodations so she can perform household activities. She stated, "I have a chair  
14 in my kitchen, so if I get tired doing the dishes, I can sit down. I can't do a giant sink full of  
15 dishes....And I can go grocery shopping. Sometimes I use an electric cart, sometimes I don't.  
16 Depends on how much I'm getting—how far I have to walk. If I have to [get] produce and dairy,  
17 then I'm doing the car, 'cause it's the whole store." AR 155. Moreover, in her testimony, Plaintiff  
18 states that even with accommodations, she still struggles and experiences severe fatigue. For  
19 example, Plaintiff testified, "...once I do things, then it takes a long time for me to recuperate from  
20 activity. I have several hours a day in the middle of the day, starting at 2:00 in the afternoon, that  
21 I have to rest." AR 142. It was error for the ALJ to find that Plaintiff's ability to complete limited  
22 household activities contradicted her claim of disability.

23 The Court finds that this error is not harmless. Plaintiff testified at length about the severity  
24 of her symptoms, fatigue, and its impact on her ability to function. If Plaintiff's testimony were  
25 fully considered, this would have impacted the ALJ's analysis of Plaintiff's RFC.

## 26 *2. Lay Witness Testimony*

27 Plaintiff argues that the testimony from her husband, Christian Keen, was improperly  
28 given little weight when the ALJ found "the record as a whole did not support his opinion the

1 claimant was unable to perform any basic work activity.” ECF No. 11 at 10-11, AR 42, 310-17. In  
 2 a questionnaire, Mr. Keen described his situation as a “single parent caring for an invalid  
 3 roommate” and that on good days, Plaintiff can do household chores like washing the dishes, but  
 4 most of the time, he needs to assist and remind Plaintiff to do her day-to-day routines like taking  
 5 her medication. AR 311, 314.

6 The Ninth Circuit held in Dodrill v. Shalala, 12 F.3d 915, 919 (9th Cir. 1993), that the ALJ  
 7 must give germane reasons in order to discount a lay witness’ testimony, particularly if the witness  
 8 sees the claimant on a daily basis. Here, the ALJ fails to give any specific or legitimate reason for  
 9 affording the Plaintiff’s husband’s opinion little weight. AR 42.

10 The Court finds that this error is not harmless. Mr. Keen’s description of Plaintiff’s  
 11 conditions and abilities are consistent with Plaintiff’s testimony about the support she receives at  
 12 home (in her testimony, Plaintiff says that she and her husband take care of her daughter, and her  
 13 brother-in-law moved in to help, AR 139), and the review of symptoms expressed in various  
 14 medical reports (Dr. Lithfeild’s endocrinology report, AR 1486-87; Dr. Mardarch’s consult, AR  
 15 1494-1496). If Mr. Keen’s testimony were credited, Plaintiff would necessarily be found disabled.

### 16 **c. Vocational Expert**

17 Plaintiff argues the Vocational Expert’s (VE) testimony that Plaintiff can perform  
 18 occupations identified by the ALJ is not based on substantial evidence. ECF No. 11 at 11. Plaintiff  
 19 states that when the ALJ posed his hypothetical question about the occupations to the expert, the  
 20 ALJ omitted information from Plaintiff’s and Mr. Keen’s testimony, and the relevant opinions of  
 21 medical doctors like Dr. Doncaster. Id. Defendants assert that the ALJ included all limitations  
 22 properly established by the record. ECF No. 18 at 8.

23 At the hearing, the ALJ identified several jobs that the Plaintiff had previously, such as  
 24 office manager and administrative assistant. AR 159. The ALJ then asks, “Individual could lift ten  
 25 pounds occasionally, five pounds frequently; stand and walk up to two in eight; sit up to six in  
 26 eight; no climbing of ladders, ropes and scaffolds, occasional postural, except for, of course, no  
 27 work at heights or around dangerous moving machinery. Given these limitations, could such an  
 28 individual perform any of the jobs in the claimant’s past relevant work?” AR 159-60. The VE

1 replied that the individual could do all the jobs, with the exception of the manager, because they  
2 were considered sedentary. Id. at 160.

3 The Court finds that the ALJ erred in omitting relevant information about Plaintiff's  
4 limitations when asking this question. In Embrey v. Bowen, 849 F.2d 418, 423 (9th Cir. 1988), the  
5 Ninth Circuit stated that hypothetical questions posed to the vocational expert must set out all the  
6 limitations and restrictions of the claimant.

7 First, even disregarding the information the ALJ rejected or placed little weight on that the  
8 Court discussed as erroneous above, the ALJ still did not include all the Plaintiff's limitations such  
9 as her mental health and chronic fatigue that doctors, such as Dr. Dhaval Shah, noted in their  
10 records. AR 509-21, 578-89. Second, the Court finds that the information that the ALJ rejected or  
11 placed little weight is not harmless in Plaintiff's case and should also have been provided to the  
12 vocational expert. As such, the Court also finds this error is not harmless. Because the ALJ did  
13 not fully set out Plaintiff's limitations and restrictions, the VE was unable to take that information  
14 into account when answering the ALJ's hypothetical about whether Plaintiff could perform the  
15 occupations listed. Therefore, the ALJ's decision that Plaintiff can perform her previous  
16 occupations is not based on substantial evidence.

#### 17 **d. Remand for Benefits**

18 The Ninth Circuit has established that where no outstanding issues need be resolved, and  
19 where the ALJ would be required to award benefits on the basis of the record if the improperly  
20 discredited evidence were credited as true, the Court will remand for an award of benefits. See  
21 Varney v. Sec'y of Health & Human Servs., 859 F.2d 1396, 1401 (9th Cir. 1988). The Circuit has  
22 devised a three-part credit-as-true standard, each part of which must be satisfied for a court to  
23 remand to an ALJ with instructions to calculate and award benefits:

- 24 (1) the record has been fully developed and further administrative proceedings  
25 would serve no useful purpose;
- 26 (2) the ALJ has failed to provide legally sufficient reasons for rejecting evidence,  
27 whether claimant testimony or medical opinion; and
- 28 (3) if the improperly discredited evidence were credited as true, the ALJ would be

1 required to find the claimant disabled on remand.

2 Garrison, 759 F.3d at 1020 (9th Cir. 2014).

3 First, the Court finds that the record has been fully developed and that further  
 4 administrative proceedings would serve no useful purpose. Second, for the reasons discussed  
 5 above, the ALJ failed to provide legally sufficient reasons to reject or put little weight on the  
 6 opinions of Dr. Doncaster and Dr. Gabroy, and the testimony of the Plaintiff and the lay witness.  
 7 Plaintiff testified that she is unable to walk more than about 15 minutes, regularly needs to rest at  
 8 2:00 p.m. in the afternoon, and that she is unable to leave the house or do chores for several days  
 9 if she overexerts himself. AR 148, 154, 156. The discredited medical opinions further establish  
 10 that Plaintiff would be unable to complete skilled or unskilled tasks without taking so many breaks  
 11 and requiring such rest that she could not sustain any form of employment. It is evident that if all  
 12 the improperly discredited and minimized testimony were properly considered, the ALJ would be  
 13 required to find Plaintiff disabled on remand. The Court therefore finds that Plaintiff's limitations  
 14 as supported by substantial evidence preclude all work.


## 15 16 **V. CONCLUSION**

17 **IT IS HEREBY ORDERED** that Plaintiff Samantha Keen's Motion for Remand (ECF  
 18 No. 11) is GRANTED and Defendant's Nancy A. Berryhill's Cross-Motion to Affirm (ECF No.  
 19 18) is DENIED.

20 **IT IS FURTHER ORDERED** that this matter is remanded to Defendant Nancy A.  
 21 Berryhill, Acting Commissioner of Social Security, for an award of benefits.

22 **IT IS FURTHER ORDERED** that the Clerk of the Court shall enter a final judgment in  
 23 favor of Plaintiff, and against Defendant. The Clerk of Court is instructed to close the case.

24  
25 **DATED:** November 9, 2020.

26  
27  
28   
 RICHARD F. BOULWARE, II  
 UNITED STATES DISTRICT JUDGE